

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Mitsuhiro Kashiwabara

Appl. No.:

10/569,002

Filed:

February 15, 2006

Title:

ORGANIC EL DEVICE AND DISPLAY

Art Unit:

2879

Examiner:

Thomas A. Hollweg

Docket No.:

3712174-00518

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

**CERTIFICATE OF MAILING BY EXPRESS MAIL UNDER 37 CFR 1.10** 

Sir:

I hereby certify that the following documents relating to the above-identified application:

- 1. Transmittal Form (duplicate);
- 2. Fee Transmittal (duplicate);
- 3. Request for Continued Examination (\* page);
- 4. Response to Final Office Action (9 pages); and
- 5. Return Receipt Postcard.

are being deposited with the United States Postal Service with sufficient postage as

Express Mail in an envelope addressed to:

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on December 21, 2010.

Respectfully submitted,

**K&L GATES LLP** 

Breanne Osborne

Name of Person Mailing Correspondence

Signature

EM 443517294 US

Express Mail Mailing Label Number

| 2 1 200 der the Par   | cription: Transmitta   |            |   | Patent and Trollection of info          | rademark<br>ormation i | I for use<br>Office; L<br>unless it  | PTO/SB/21 (07-09)<br>through 07/31/2012. OMB 0651-0031<br>J.S. DEPARTMENT OF COMMERCE<br>displays a valid OMB control number. |
|---|--|------------|---|---|------------------------|--|---|
| ( Æ/  | ANSMITTAL<br>FORM  |            | Filing Date First Named Inventor Art Unit | 10/569,002<br>February 1<br>Mitsuhiro K | 5, 2006                |  |   |
|   | all correspondence after initial Pages in This Submission  | filing)    | Examiner Name Attorney Docket Number      | Thomas A. 3712174-0                     |                        | , <del>,</del>   |   |
| <u> </u>  | <u> </u>   | ENC        | LOSURES (Check ai                         | ii that apply                           | ·)                     |  |   |
| Amendme  Af  Af  Af  Extension  Express A  Information  Certified C  Documen  Reply to I  Incomplet | fidavits/declaration(s) of Time Request Abandonment Request on Disclosure Statement Copy of Priority t(s) Wissing Parts/ te Application teply to Missing Parts der 37 CFR 1.52 or 1.53 | Remar      |   | Address                                 | 37 C<br>2-Re<br>3-Re   | Appea<br>of App<br>Appea<br>(Appea<br>Proprii<br>Status<br>Other<br>below)<br>rtificate<br>FR 1.10<br>quest foturn rec | of mailing by express mail under  |
|   | SIGNA  | TURE C     | F APPLICANT, ATTO                         | ORNEY. C                                | R AGI                  | ENT  | ····  |
| Firm Name Signature   | K&L Gates LLP  |            |   |   |                        |  |   |
| Printed name  | Thomas C. Basso  |            |   |   |                        |  |   |
| Date  | December 21, 2010  |            |   | Reg. No.                                | 46,541                 |  |   |
|   | at this correspondence is beas first class mail in an en   | eing facsi |   | TO or depos                             | ited with              |  | ited States Postal Service with<br>Alexandria, VA 22313-1450 on   |
| Signature   | Book   | 105        | me  |   |                        | Date   | December 21, 2010   |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| Doc Code: TRAN.LET  Document Description: Transmitt  1 330  Under the Paperwork Reduction Act of 199  TRANSMITTAL FORM  (to be used for all correspondence after initial)  | 95, no persons       | s are requires to respond to a confidence of the second to a confi | Patent and Tradem | ark Office;<br>on unless<br>6<br>abara  | PTO/SB/21 (07-09) e through 07/31/2012. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE it displays a valid OMB control number. |
|--|----------------------|--|-------------------|---|---|
| Total Number of Pages in This Submission   |                      | Attorney Docket Number   | 3712174-00518     |   | `   |
|  |                      |  |                   |   |   |
|  | ENCL                 | LOSURES (Check a   | ll that apply)    |   | Allowance Communication to TC   |
| Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53 | F F F C C C C Remark |  | Address           | of Appe<br>Appe<br>(Appe<br>Statu<br>Other<br>belov<br>Certificate<br>CFR 1.1<br>Request<br>Return re | of mailing by express mail under  |
| SIGN   | ATURE O              | F APPLICANT, ATTO  | RNEY, OR A        | GENT  | ¥   |
| Firm Name  K&L Gates LLP   |                      |  |                   |   |   |
| Signature Printed name   |                      |  |                   |   | · · · · · · · · · · · · · · · · · · ·   |
| Thomas C. Basso  Date December 21, 2010  | ·                    | . [  | Reg. No. 46,5     | 41  |   |
| L  |                      |  |                   |   |   |
| I hereby certify that this correspondence is sufficient postage as first class mail in an ethe date shown below:  Signature  | being facsin         | nile transmitted to the USP<br>dressed to: Commissioner for  | O or deposited w  | ith the Ui  | nited States Postal Service with<br>Alexandria, VA 22313-1450 on  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-08)

Approved for use through 09/30/2010. OMB 0651-0032

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| \ <b>U</b> /       | Effective on 42/00/2009   |     |
|--------------------|---|-----|
| e 🗘 ursuant to the | Effective on 42,002,003.  Consolidated Appropriations Act, 2005 (H.R. 4 | 818 |
|                    | TOANIONITTA   |     |

## FEE TRANSMITTAL For FY 2009

| <br>             |       |                |        |         | _ |
|------------------|-------|----------------|--------|---------|---|
| Applicant claims | small | entity status. | See 37 | CFR 1.2 | 7 |
| <br>             |       |                |        |         | _ |

TOTAL AMOUNT OF PAYMENT (\$) 810.00

| Complete If Known    |                       |  |  |  |  |
|----------------------|-----------------------|--|--|--|--|
| Application Number   | 10/569,002            |  |  |  |  |
| Filing Date          | February 15, 2006     |  |  |  |  |
| First Named Inventor | Mitsuhiro Kashiwabara |  |  |  |  |
| Examiner Name        | Thomas A. Hollweg     |  |  |  |  |
| Art Unit             | 2879                  |  |  |  |  |
| Attorney Docket No.  | 3712174-00518         |  |  |  |  |

|   |   | ,                        | <u> </u>       | Attorney Docke           | 1110.   37 12  | 2174-00516               |                          |  |
|---|---|--------------------------|----------------|--------------------------|----------------|--------------------------|--------------------------|--|
| METHOD OF PAYMENT (check all that apply)  |   |                          |                |                          |                |                          |                          |  |
|   | Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 02-1818  Deposit Account Name: Bell Boyd & Lloyd |                          |                |                          |                |                          |                          |  |
| For the above-ident   |   |                          |                | •                        | _              |                          |                          |  |
| Charge fee(s  |   |                          |                |                          | •              |                          | cept for the filing fee  |  |
| ۰ ۰ ب   | •   | e(s) or underpaym        | ents of feet   |                          | ,              | ·                        | cept for the filling fee |  |
| under 37 CFI  | R 1.16 and 1  | .17                      |                |                          | t any overpay  |                          |                          |  |
| WARNING: Information on thi<br>information and authorization  |   |                          | dit card infor | mation should n          | ot be included | on this form. Pr         | ovide credit card        |  |
| FEE CALCULATION   |   |                          |                |                          |                |                          |                          |  |
| 1. BASIC FILING, SEA  | RCH, AND  | EXAMINATION              | I FEES         |                          |                | •                        | ····                     |  |
| •   | FILING  | FEES                     | SEARC          | H FEES                   |                | TION FEES                |                          |  |
| Application Type  | Fee (\$)  | Small Entity<br>Fee (\$) | Fee (\$)       | Small Entity<br>Fee (\$) | Fee (\$)       | Small Entity<br>Fee_(\$) | Fees Paid (\$)           |  |
| Utility   | 330   | 165                      | 540            | 270                      | 220            | 110                      |                          |  |
| Design  | 220   | 110                      | 100            | 50                       | 140            | 70                       |                          |  |
| Plant   | 220   | 110                      | 330            | 165                      | 170            | 85                       |                          |  |
| Reissue   | 330   | 165                      | 540            | 270 ·                    | 650            | 325                      |                          |  |
| Provisional   | 220   | 110                      | 0              | 0                        | 0              | 0                        |                          |  |
| 2. EXCESS CLAIM FE  | ES  |                          |                |                          |                | Eng (\$)                 | Small Entity             |  |
| Fee Description Each claim over 20 (  | including F   | Peissues)                |                |                          |                | <u>Fee (\$)</u><br>52    | <u>Fee (\$)</u><br>26    |  |
| Each independent cla  |   |                          | sues)          |                          |                | 220                      | 110                      |  |
| Multiple dependent of   |   | (210100218               |                |                          |                | 390                      | 195                      |  |
| Total Claims  | Extra Clair   | ms Fee (\$)              | Fee F          | Paid (\$)                |                | Multiple De              | pendent Claims           |  |
| - 20 or HP =  |   |                          | _=             |                          |                | Fee (\$)                 | Fee Paid (\$)            |  |
| HP = highest number of tota<br>Indep. Claims  | l claims paid fi<br>Extra Clair   |                          |                | aid (\$)                 |                |                          |                          |  |
| -3 or HP =  |   | ×                        | _=             |                          |                |                          |                          |  |
| HP = highest number of inde  3. APPLICATION SIZE  |   | s paid for, if greater   | than 3.        |                          |                |                          |                          |  |
| If the specification and  | drawings  | exceed 100 she           | ets of pape    | er (excluding e          | electronicall  | y filed sequer           | nce or computer          |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 |   |                          |                |                          |                |                          |                          |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  |   |                          |                |                          |                |                          |                          |  |
| - 100 =   |   | / 50 =                   |                | (round up to a v         | wnoie numbe    | r) x                     |                          |  |
| 4. OTHER FEE(S) Non-English Specifi   | cation, \$  | 130 fee (no sma          | ıll entity di  | iscount)                 |                |                          | Fees Paid (\$)           |  |
| Other (e.g., late filin   | g surcharge   | Request for Co           | ontinued Exa   | amination                |                |                          | 810.00                   |  |

| SUBMITTED BY      |                 |  |                        |
|-------------------|-----------------|--|------------------------|
| Signature         |                 | Registration No. (Attorney/Agent) 46,541 | Telephone 312-807-4310 |
| Name (Print/Type) | Thomas C. Basso |  | Date December 21, 2010 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| Free pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |                      | Complete if Known     |
|---|----------------------|-----------------------|
| V /   | Application Number   | 10/569,002            |
| FEE TRANSMITTAL   | Filing Date          | February 15, 2006     |
| For FY 2009   | First Named Inventor | Mitsuhiro Kashiwabara |
| Applicant claims small entity status. See 37 CFR 1.27                   | Examiner Name        | Thomas A. Hollweg     |
| Applicant claims small entity status. See 37 GFR 1.27                   | · Art Unit           | 2879                  |
| TOTAL AMOUNT OF PAYMENT (\$) 810.00                                     | Attorney Docket No.  | 3712174-00518         |

| METHOD OF PAYMEN   | IT (check al   | l that apply)           |              |                  |                                 |                            |                         |
|--|--|-------------------------|--------------|------------------|---------------------------------|----------------------------|-------------------------|
| Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 02-1818 Deposit Account Name: Bell Boyd & Lloyd  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee |  |                         |              |                  |                                 |                            |                         |
| under 37 CF WARNING: Information on th   | R 1.16 and 1   |                         |              | Ш 6,64.          | t any overpay<br>ot be included |                            | ovide credit card       |
| Information and authorization  | n on PTO-2038  | B. ·                    |              |                  |                                 |                            |                         |
| FEE CALCULATION  |  |                         |              | •                |                                 |                            |                         |
| 1. BASIC FILING, SEA   | FILING   |                         | SEARC        | H FEES           |                                 | TION FEES                  | ,                       |
| Application Type   | Fee (\$)   | Fee (\$)                | Fee (\$)     | Fee (\$)         | Fee (\$)                        | Fee (\$)                   | Fees Paid (\$)          |
| Utility  | 330  | 165                     | 540          | 270              | 220                             | 110                        |                         |
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| Plant  | 220  | 110                     | 330          | 165              | 170                             | 85                         |                         |
| Reissue  | 330  | 165                     | 540          | 270              | 650                             | 325                        |                         |
| Provisional  | 220  | 110                     | 0            | 0                | 0                               | 0                          |                         |
| Fee Description Each claim over 20 (   | 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Small Entity Fee (\$) Fee (\$) 26 210 |                         |              |                  |                                 |                            |                         |
| Total Claims   | Extra Clair  | ns Fee (\$)             | Foo P        | aid (\$)         |                                 | 390<br>Multiple Dec        | 195 ·<br>pendent Claims |
| - 20 or HP =   |  | X                       | = 1.001      | <u> </u>         |                                 | Fee (\$)                   | Fee Paid (\$)           |
| HP = highest number of tota Indep. Claims - 3 or HP =  | el claims paid fo<br>Extra Clair   | or, if greater than 20. | Fee Pa       | aid (\$)         |                                 |                            |                         |
| HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer   |  |                         |              |                  |                                 |                            |                         |
| listings under 37 C  | FR 1.52(e)   | ), the application      | n size fee d | lue is \$270 (\$ | \$135 for sma                   | all entity) for $\epsilon$ | each additional 50      |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  |  |                         |              |                  |                                 |                            |                         |
| 4. OTHER FEE(S) Non-English Specifi  |  | •                       | •            | •                |                                 |                            | Fees Paid (\$)          |
| Other (e.g., late filin  | g surcharge  | :):Request for Co       | ntinued Exa  | mination         |                                 |                            | 810.00                  |

| SUBMITTED BY      | 1               |  |                        |
|-------------------|-----------------|--|------------------------|
| Signature         |                 | Registration No. (Attorney/Agent) 46,541 | Telephone 312-807-4310 |
| Name (Print/Type) | Thomas C. Basso |  | Date December 21, 2010 |

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